Legislative Testimony Public Health Committee

HB5541 AAC Services Provided by Dental Professionals and Certification for Advanced Dental Hygiene Practitioner Wednesday, March 21, 2012 Douglas B. Keck, DMD, MSHEd

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Doug Keck and I have been practicing pediatric dentistry for 20 years in New Haven and Madison, Connecticut. Additionally, I am one of the more than 1,300 dentists who provide services to clients of the Connecticut Dental health Partnership, formerly known as Husky as well as provide pro bono care to children in my community. I also teach in the pediatric dental residency program at Yale-New Haven Hospital which also provides extensive dental care to those in need. I thank you for the opportunity to present this written testimony to you in opposition of HB5541.

I would like to start out by stating that as a product of the Department of Public health's scope of practice process, for which my professional organization supported as well as my specialty organization that I am in support of allowing hygienists and dental assistants to become Expanded Function Dental Auxiliaries which is in Section 2 of this bill. These are competencies and roles that numerous states already allow for and could have an immediate effect on the efficiency of the dental office. I am opposed to sections 3 through 6 which attempt to create an "Advanced Dental Hygiene Practitioner."

The dates listed for the conversion in this bill (October 1, 2012) are unworkable as the curriculum is two years and obviously would not be able to be completed by October 1, 2012. Not only are the competencies listed for an advanced hygiene practitioner untenable, but do not bear out as workable in any study to date. The hygiene practitioners will argue that a program in Minnesota (Dental Therapist) is the model to which they strive, however, the student base is small and they are just beginning to practice. The Alaska Dental Health Aide Therapist (DHAT) has had good results mostly because they are native to the region and they are in remote areas where there truly is only access by boat or plane. Connecticut is not Alaska or Minnesota, ours is a very small state by comparison. There are less than a dozen DHAT's in Alaska. The keynote for the entire bill is that there can be no support unless the Dental Practice Act of the State of Connecticut is changed entirely. Lastly, the terms of practice for an Advanced Dental Hygiene Practitioner are that a "collaborative agreement" must be formed with a dentist. This may be the hardest thing of all to accomplish.

I represented the CT Society of Pediatric Dentists in the Scope of Practice talks with the Department of Public Health in Connecticut. The talks resulted in recommendations by the Department of Public Health. The department felt that there was no need for an Advanced Dental Hygiene Practitioner and at this time there was no problem with access to care for the underserved (Department of Social Services has stated this numerous times), it was more a utilization problem. The number of dentists in the state of CT

accepting Medicaid services was suitable. In a study of different delivery models in California it was determined that a practice would lose money with the ADHP model of care. We must find models that work and I think the first step is in educating those who desperately need oral health care to utilize the services that the state provides for them.

The Expanded Functions Dental Auxiliary has been well studied and appears to be the easiest model to work with. It aids the dental practitioner in being more efficient, allowing them to see more patients in a day. The cost of the education which will be borne by the student is significantly less and would provide upward mobility in the field. The cost of higher education is significant and it would be difficult to complete without significant debt, particularly if the salary that this new practitioner would make could not cover the cost of the education. Every statistic shows that there is no need to create an Advanced Dental Hygiene Practitioner or any other type of mid-level provider in Connecticut.

In closing, I would like to respectfully thank the members of the Public Health Committee for allowing me to submit this testimony and would urge you to oppose this bill. If you have any questions, do not hesitate to call on me as I would be happy to answer any questions you may have.

Sincerely,

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